

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 29, 1989

ALL COUNTY INFORMATION NOTICE NO. I-69-89

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CIVIL RIGHTS COORDINATORS

SUBJECT: LANGUAGE CODES FOR THE ABCD 350 REPORT

This is to bring to your attention a problem which resulted from the recent revision of the Form ABCD 350, Recipient Report On AFDC, Social Services, Non Assistance Food Stamps and GAIN Ethnic Origin and Primary Language. On that form, in part B, the languages were rearranged and two language groups were deleted and replaced with two others. This resulted in a change in the Item numbers for languages on the new form from what they were on the old form (See attached Old and New ABCD 350). We were aware of this when the form was revised but did not believe it would create a problem since the language codes for collecting this data are on the various program applications. On the old form the Item codes and the language codes were the same.

We have been contacted by Department of Health Services (DHS), MEDS staff, and SDSS IHSS/CMIPS staff who have advised us that they were using the Item codes for the language codes and that a number of Counties were using the MEDS and CMIPS data to complete the ABCD 350. This will now produce erroneous data since the codes and Item numbers do not correspond.

We are aware that any change in the codes could necessitate a change in programing on the part of all automated systems; however, we are going to have to make changes to correct problems with the MEDS and CMIPS data, so we are considering expanding our language code capabilities. We then plan to make corresponding changes to the various application forms, i.e. the Application For Public Assistance, CA-1, Application for Food Stamps, DFA 285A, Application for In-Home Supportive Services, SOC 295.

We are currently in the planning stages for changes to the forms and MEDS system with a projected completion date of February 1990. We are interested in receiving County comments and recommendations and encourage you to submit them to Michael Fishel at:

State Department Of Social Services
Civil Rights Bureau
744 P Street, MS 15-70
Sacramento, CA 95814

If you have any questions you may call Mr. Fishel at (916) 322-4134.



ROBERT L. GARCIA
Deputy Director
Administration Division

Attachments

cc: CWDA

ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS, AND GAIN ETHNIC ORIGIN AND PRIMARY LANGUAGE

COUNTY

FOR THE MONTH OF

APRIL

YEAR

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	White (not of Hispanic origin)				
2	Hispanic				
3	Black (not of Hispanic origin)				
4	Asian or Pacific Islander				
5	American Indian or Alaskan Native				
7	Filipino				
TOTAL ^{a/}					

PART B. PRIMARY LANGUAGE SPOKEN

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	English				
2	Spanish				
3	Vietnamese				
4	Cambodian				
5	Chinese				
6	Laotian				
7	Filipino (Tagalog)				
8	Other Non-English (specify)				
TOTAL ^{a/}					

REPORT PREPARED BY

TELEPHONE NUMBER

DATE

^{a/} Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA—256, Item 1a, Column (B). Total GAIN cases must equal GAIN 25, Item A, 6.

SEND ONE COPY TO:

Department of Social Services
Statistical Services Branch
744 P Street, Mail Station 12-81
Sacramento, California 95814

**ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES
NONASSISTANCE FOOD STAMPS, AND MEDI-CAL ONLY
BY ETHNIC ORIGIN AND PRIMARY LANGUAGE**

COUNTY	
FOR THE MONTH OF	YEAR
APRIL	

PART A. ETHNIC ORIGIN

CODE	ETHNIC ORIGIN	NUMBER OF CASES		
		AFDC (FG/U, FC)	SOCIAL SERVICES	MEDI-CAL-ONLY ^{b/}
1	White (not of Hispanic origin)			
2	Hispanic			
3	Black (not of Hispanic origin)			
4	Asian or Pacific Islander			
5	American Indian or Alaskan Native			
7	Filipino			
TOTAL ^{a/}				

PART B. PRIMARY LANGUAGE SPOKEN

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	MEDI-CAL-ONLY ^{b/}
1	Spanish				
2	Chinese				
3	Japanese				
4	Korean				
5	Filipino (Tagalog)				
6	Other Non-English (specify)				
7	English				
TOTAL ^{a/}					

REPORT PREPARED BY	TELEPHONE NUMBER	DATE
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Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA-256, Item 1a, Column (B). Total MEDI-CAL-ONLY cases must equal MC 237, Item 9.

^{b/} Includes both Medically Needy (MN) and Medically Indigent (MI).